



F.P.-059

*The Commonwealth of Massachusetts*  
*Executive Office of Public Safety and Security*  
*Department of Fire Services*

*P.O. Box 1025 ~ State Road*

*Stow, Massachusetts 01775*

*(978) 567~3100 Fax: (978) 567~3199*



STEPHEN D. COAN  
 STATE FIRE MARSHAL

THOMAS P. LEONARD  
 DEPUTY STATE FIRE MARSHAL

**APPLICATION FOR EXPLOSIVES CERTIFICATE OF COMPETENCY**  
**RENEWAL BL # \_\_\_\_\_**

Follow the instructions below to complete this application to renew an Explosives Certificate of Competency:

- ☐ Type or print all items on this form and sign the form where indicated.
- ☐ Please note that the form must be notarized.
- ☐ Include with this application two (2) color passport style photographs measuring 1"x 1 ¼".
- ☐ Enclose a check or money order for \$40.00 made payable to the Commonwealth of Massachusetts. There is a returned check charge of \$15.00 assessed under the provisions of 801 CMR 4.08.
- ☐ Include a legible copy of your current driver's license.
- ☐ Complete both pages of the CORI Request form. The CORI form must also be notarized.
- ☐ All applications should be submitted to the Office of the State Fire Marshal at least 30 days prior to the expiration date of your current license. Incomplete applications will be returned. Any delay in the issuance of a license or permit, due to an incomplete filing, will be the sole responsibility of the applicant.

**The holder of any approval, license certificate, license or permit issued by the Marshal under 527 CMR, shall provide the Marshal with an accurate address and mailing at the time of application and shall report any changes of such address to the Marshal within fourteen (14) days of the date of such change. 527 CMR 1.03(6)(b).**

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle Month Day Year

Address: \_\_\_\_\_  
Residential street address P.O. Box not acceptable City/Town, State, Zip

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you a U.S. Citizen: { } YES { } NO (If you answered NO, then you must attach copies of your federal documents showing your INS-issued alien number or admission number and social security card.)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Sex: \_\_\_\_\_

## APPLICANT INFORMATION (continued)

Present Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name

Employer Address: \_\_\_\_\_  
Address City/Town State Zip

Position held: \_\_\_\_\_ How long employed at this position: \_\_\_\_\_

How many continuous years have you been associated with the explosives industry? \_\_\_\_\_

Have you ever held a explosives Certificate of Competency or similar license issued by another jurisdiction: { } YES { } NO

If so, where: \_\_\_\_\_  
Title of Document License# State Agency

### **All questions in this section must be answered**

Are you a fugitive from justice? { } YES { } NO

Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, or narcotic drug or any other controlled substance? { } YES { } NO

Have you ever been convicted in any court of a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence, including probation? { } YES { } NO

Are you under indictment in any court for a felony, or any crime, for which the judge could imprison you for more than year? { } YES { } NO

Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your own affairs) or have you ever been committed to a mental institution? { } YES { } NO

Have you ever been discharged from the Armed Forces under dishonorable conditions? { } YES { } NO

Have you ever renounced your United States citizenship? { } YES { } NO

Have you ever had a license, certificate, permit or right to use explosives suspended or revoked in any state or federal jurisdiction? { } YES { } NO

Are you currently taking any medication, which may impair your ability to safely conduct a licensed activity? { } YES { } NO

Have you ever been involved in any incident(s) resulting from the use of explosives, which resulted in personal injury or property damage in any state? { } YES { } NO

**Any question answered "Yes" must be explained on an attached sheet of paper**

## APPLICANT CERTIFICATION

- A. I attest that I have reviewed and am familiar with all Commonwealth of Massachusetts Explosive Laws and Regulations. I hereby consent to the release of all personal records containing data relative to this application, maintained by any individual or agency. I certify that I am authorized to execute this application. I declare under the penalty of perjury that the statements and information provided herein are true as of the date of this application. I am aware that there are significant penalties for submitting false information, including possible fines, civil penalties and imprisonment.
- B. Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under the penalties of perjury that to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required under law and otherwise complied with all other provisions of said statute.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Statement of Notary Public:

State of \_\_\_\_\_

\_\_\_\_\_, ss: \_\_\_\_\_ Date: \_\_\_\_\_

Before me, then personally appeared the above named Affiant \_\_\_\_\_ who acknowledged, by his signature, the foregoing Affidavit and Endorsement to be true and to be the Affiant's free act and deed.

(Seal)

Notary Signature: \_\_\_\_\_

Notary Name (Printed): \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_

# CORI REQUEST FORM

(this form must be notarized and completed)

The Department of Fire Services, Office of the State Fire Marshal (Agency # 820), has been certified by the Criminal History Systems Board for access to general use/CJIS records. Applicant/Employee Information (please print).

_____ Last Name	_____ First Name	_____ Middle Name
_____ Maiden Name or Alias (if applicable)		_____ Place of Birth
_____ Date of Birth	_____ Social Security Number (requested but not required)	_____ Mother's Maiden Name (first and last)

Former Residential Addresses:

\_\_\_\_\_  
\_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Drivers License: State \_\_\_\_\_ Number: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

## Statement of Notary Public:

The above information was verified by reviewing the following form of government issued photographic identification: \_\_\_\_\_

\_\_\_\_\_  
ss: \_\_\_\_\_ Date: \_\_\_\_\_

Before me, then personally appeared the above named Affiant, \_\_\_\_\_ who acknowledged, by his signature, the foregoing Affidavit and Endorsement to be true and to be the Affiant's free act and deed.

(seal)

Notary Signature: \_\_\_\_\_

Notary Name (printed): \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_

Requested By: \_\_\_\_\_

Signature of CORI Authorized Employee  
(MA State Police-Assigned)